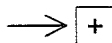


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PTO/SB/01 (10-00)

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☒ Declaration
Submitted With Initial Filing
OR
☐ Declaration
Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number 6033-12
First Named Inventor Barbara Paldus

COMPLETE IF KNOWN

Application Number /
Filing Date
Group Art Unit
Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

"LASER TUNING BY SPECTRALLY DEPENDENT SPATIAL FILTERING"

the specification of which (Title of the Invention)

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) [] as United States Application Number or PCT International

Application Number [] and was amended on (MM/DD/YYYY) [] (if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto

[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

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Address	Suite 808				
City	San Jose	State	California	ZIP	95113
Country	U.S.	Telephone	(408) 293-9934	Fax	(408) 293-2183
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	BARBARA		Family Name or Surname	PALDUS	
Inventor's Signature					Date
Residence: City	Sunnyvale	State	CA	Country	USA
Residence: City	Sunnyvale	State	CA	Country	USA
Mailing Address	1249 Lakeside Drive Apt. 2060				
Mailing Address					
City	Sunnyvale	State	CA	ZIP	94085
City	Sunnyvale	State	CA	ZIP	94085
Country	USA				
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	JINCHUN		Family Name or Surname	XIE	
Inventor's Signature					Date
Residence: City	Cupertino	State	CA	Country	USA
Residence: City	Cupertino	State	CA	Country	USA
Citizenship	China				
Mailing Address	19317 Sakura Way				
Mailing Address					
City	Cupertino	State	CA	ZIP	95014
City	Cupertino	State	CA	ZIP	95014
Country	USA				
X <input type="checkbox"/> Additional inventors are being named on the <u>three</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

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DECLARATION
ADDITIONAL INVENTOR(S)
Supplemental Sheet
 Page 3 of 5

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
ROBERT		LODENKAMPER	
Inventor's Signature		Date	
Residence: City	Sunnyvale	State	CA
Country	USA	Citizenship	USA
Mailing Address 1614 Albatross Drive			
Mailing Address			
City	Sunnyvale	State	CA
ZIP	94087	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
DAVID M.		ADAMS	
Inventor's Signature		Date	
Residence: City	Ottawa	State	Ontario
Country	Canada	Citizenship	Canada
Mailing Address 203A Belmont Avenue			
Mailing Address			
City	Ottawa	State	Ontario
ZIP	K1S 0V9	Country	Canada
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
ERIC		CROSSON	
Inventor's Signature		Date	
Residence: City	Sunnyvale	State	CA
Country	USA	Citizenship	USA
Mailing Address 450 N. Mathilda Ave. # B 206			
Mailing Address			
City	Sunnyvale	State	CA
ZIP	94087	Country	USA

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DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental Sheet
Page 4 of 5

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])			Family Name or Surname		
ALEXANDER			KATCHANOV		
Inventor's Signature				Date	
Residence: City Sunnyvale	State CA	Country USA	Citizenship Russia		
Mailing Address 1273 Lakeside Drive Apt. 1145					
Mailing Address					
City Sunnyvale	State CA	ZIP 94085	Country USA		
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])			Family Name or Surname		
GRZEGORZ			PAKULSKI		
Inventor's Signature				Date	
Residence: City Woodlawn	State Ontario	Country Canada	Citizenship Canada		
Mailing Address 124 Fireside Drive RR #1 Box 235					
Mailing Address					
City Woodlawn	State Ontario	ZIP KOA 3M0	Country Canada		
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])			Family Name or Surname		
CHRIS W.			RELLA		
Inventor's Signature				Date	
Residence: City Sunnyvale	State CA	Country USA	Citizenship USA		
Mailing Address 1015 Mango Avenue					
Mailing Address					
City Sunnyvale	State CA	ZIP 94087	Country USA		

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DECLARATION**ADDITIONAL INVENTOR(S)****Supplemental Sheet**

Page 5 of 5

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
BRUCE A.		RICHMAN	
Inventor's Signature		Date	
Residence: City	Sunnyvale	State	CA
		Country	USA
Mailing Address	955 Azure Street Apt. 4		
Mailing Address			
City	Sunnyvale	State	CA
		ZIP	94087
		Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
		Country	
Mailing Address			
Mailing Address			
City		State	
		ZIP	
		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
		Country	
Mailing Address			
Mailing Address			
City		State	
		ZIP	
		Country	

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PALDUS, ET AL.	Application Number	N/A
	Filing Date	Herewith
	First Named Inventor	Barbara Paldus
	Group Art Unit	N/A
	Examiner Name	N/A
	Attorney Docket Number	6033-12

I hereby appoint:

☐ Practitioners at Customer Number

OR

☒ Practitioner(s) named below:

Name	Registration Number
Herbert Burkard	24,500
John Schipper	26,994

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<input checked="" type="checkbox"/> Firm or Individual Name	LAW OFFICE OF JOHN SCHIPPER				
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Address	Suite 808				
City	San Jose	State	California	ZIP	95113
Country	U.S.A.				
Telephone	(408) 293-9934	Fax	(408) 293-2183		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Barbara Paldus
Signature	
Date	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 9 forms are submitted.

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